

CLAIMS ONLY								Application Number		Filing Date	
								10-590117			
								Applicant(s)			
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend					
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			3				Total Indep				
Total Depend			7				Total Depend				
Total Claims			10				Total Claims				